Send completed application to: ADSA/TCDU P.O. Box 45600, Mail Stop 45600

Olympia, WA 98504 Phone: 360-725-2548 FAX:360-725-2646

## MENTAL HEALTH SPECIALTY TRAINING INSTRUCTOR APPLICATION FOR INDEPENDENT TRAINERS (Revised 10/02)

NAME (Last, First, and Middle Initial)					EMAI	L ADDRESS	S:			
MAILING ADDRESS (Include apartment	nt number, if any)				HOME TELEPHONE (include area code)					
CITY	COUNTY	STA	TE ZIF	)	WOR	K (OR MESS	SAGE) T	ELEP	HONE	
PHONE NUMBER FOR STUDENT R	EGISTRATION:				FAX:					
AGE: (Must be 21 or older)										
Which classes are you app Manager Mental Health   Caregi										
Where do you plan to teach the cla	ass(es)?									
		Profession	nal Lice	nse						
If you have a health care or social	<del>-</del>				what kind	of license	or certi	fication	on is it?	
What is the license number?_ Is your professional license or cert	What is the expirati		limited du	e to disc	inlinary o	r other acti	ions? 「	Yes [		7
		v- v			-P) «	- 0				_
If yes, describe.										
INSTRUCTIONS: Below, IMPORTANT! Be careful to g health or closely related subjects.  1. Employer	list experience in ive complete information	on. The W. ets if needed.	g adults	in mer ire docun	ntal hea		s of tea	iching Emplo	g adults i	e Number
XX TI'.1	D . T	1 17 1	•.•			D . #		(	)	-
Your Title	From:	To:	Total N	Months		Dates <b>Tea</b> From:	cning in		osition To:	
Immediate Supervisor's Name	May we co	ontact employer	for reference	e? Yes/No		Grand tota	l hours t	eachin	g for all m	onths
Describe teaching experience below										
Kind of Subject taught	same subject repeatedly, plea	ase combine	Average class size	From (date)	To (Date)	Average hrs per month	Total mont teach this subject	ing	Total hours	Included competency testing? Yes/No
					1					

۷.	Employer			Employer's Address				(include area code):				
Your '	Γitle		Dates Employed In this		osition	Dates Tea	ching	in this position				
			From: To:		Total Months			From: To:				
		isor's Name	May we contact em	ployer	for reference	e? Yes/No		Grand total ho		ours teaching for all months		
Kind o	of ng (CE, vice, nrs, oom,	them on one line)			Average class size	From (date)	To (Date)	Average hrs per month	Tota more teac this subj	nths hing	Total hours	Included competency testing? Yes/No
3.	Employer			Empl	loyer's Addre	ess				(inclu	oyer's Phon de area code )	
Your '	Γitle		Dates Employed I					Dates Teac	ching			
			From: To:		Total N	Ionths		From:		,	То:	
		isor's Name	May we contact em	iployer	for reference	e? Yes/No		Grand total hours teaching for all mont			onths	
Descri Kind o		experience below  Subject taught		<u> </u>	Average	From	То	Average	Tota	al	Total	Included
in-serv semina classro	ting (CE, rvice, arrs, (If you taught the same subject repeatedly, please them on one line)		peatedly, please comb	ine	class size	(date)	(Date)	hrs per month	mon	nths hing	hours	competency testing? Yes/No
							1				1	
4.	Employer			_	loyer's Addre	ess					oyer's Phon de area code )	
Your '	Γitle		Dates Employed In this position					Dates <b>Teaching</b> in this position				
			From: To:		Total N	Ionths		From: To:				
			May we contact employer for reference? Yes/No					Grand total hours teaching for all months				
		experience below			Δ.	P	Læ	Α	I m	1	77 . 1	7 1 1 1
Kind ( teachin in-serv semina classro college	ng (CE, vice, ars, oom,	Subject taught (If you taught the same subject re them on one line)	peatedly, please comb	ine	Average class size	From (date)	To (Date)	Average hrs per month	Tot: more teac this subj	nths hing	Total hours	Included competency testing? Yes/No

# Part II. Work Experience

INSTRUCTIONS. Below, list your direct work experience with people who have a mental illness. . The WACs require two years full-time direct work experience (4160 hours) with people who have mental illness. It may be paid or unpaid experience. Attach separate sheet(s), if needed.

	Employer		Em	nployer's Addre	ess	Employer's Phone Number (include area code):  ( ) -		
Your	Title:	Months & Yea	ars Emplo	yed In this Pos	ition:		/	
		From:		То:	Hrs/wk:	Total n	nonths employed:	
Imme	ediate Supervisor's Name May we conta		ct employe	er for reference	e? Yes/No	Total ho	ours direct work experience	
Speci	fic Duties:	1				-		
2.	Employer		Em	nployer's Addre	ess		Employer's Phone Number (include area code):	
Vone	Title:	Months & Vos	ns & Years Employed In this Position:		( ) -			
1 Our	Tiuc.	From:	ars Emplo	To:	Hrs/wk:	Total r	nonths employed:	
		Tioni.		10.	1115/ WK.	10tai ii	ionais employed.	
mme	ediate Supervisor's Name	May we contact	ct employe	er for reference	? Yes/No	Total ho	urs direct work experience	
3.	Employer		Em	nployer's Addre	ess		Employer's Phone Number	
3.	Employer		Em	nployer's Addre	ess		Employer's Phone Number (include area code):	
	Employer Title:	Months & Yea		yed In this Pos	ition:		(include area code): ( ) -	
		Months & Yea				Total n		
Your			ars Emplo	yed In this Pos	ition: Hrs/wk:		(include area code): ( ) -	
Your Imme Speci	Title:  ediate Supervisor's Name  fic Duties:	From:	ars Emplo	yed In this Pos	ition: Hrs/wk:		(include area code): ( ) - nonths employed:	
Mmmo Speci	Title: ediate Supervisor's Name	From:  May we contact	ct employe	yed In this Pos	ition: Hrs/wk:		(include area code): ( ) - nonths employed:  urs direct work experience	
Mmmo Speci	Title:  ediate Supervisor's Name  fic Duties:	From:  May we contact  The second sec	ars Employect employe	yed In this Pos  To:  er for reference	Hrs/wk:		(include area code): (	
Mmmo Speci	Title:  ediate Supervisor's Name  fic Duties:	From:  May we contact  Dates working	ars Employect employe	yed In this Pos To: er for reference dress	Hrs/wk:  P Yes/No  tal illness:	Total ho	(include area code): (	
Mmmo Speci	Title:  ediate Supervisor's Name  fic Duties:	From:  May we contact  The second sec	ars Employect employe	yed In this Pos  To:  er for reference	Hrs/wk:		(include area code): (	
Immo	Title:  ediate Supervisor's Name  fic Duties:	From:  May we contact  Dates working	ars Employect employe	yed In this Pos To: er for reference dress	Hrs/wk:  P Yes/No  tal illness:	Total ho	(include area code): (	

### Part III. Education

INSTRUCTIONS: Below, list post high school training, including college and other relevant education. If more space is needed, copy this blank form or attach additional sheets. The WAC requires a bachelor's degree, registered nurse, or mental health specialist, with at least one year of education on subjects directly related to the specialty area you want to teach.

The one year of education may be in seminars, conferences, continuing education, or college classes. One year of education equals 24 semester hours, 36-quarter hours, or 192 hours in seminars, conferences, or continuing education.

Bachelor's degree: Year: College or University: , City & State

Registered Nurse:

Mental Health Specialist: Attach verification

Training in college classes

	ming in conege chasses					
	School Name and Location		and Year ended	Credits Earned		List classes in specialty area
				Qtr.	Smstr.	
		From	То			
F		From	То			
		From	То			
		From	То			
		From	То			

Training in seminars, conferences, and continuing education

Name of seminar, conference, or continuing education in specialty area	Month and Year Attended	Hours	Name of training sponsor

#### Part IV. Assessment and Testing Experience

1. If you did not list experience assessing skills and competency testing as part of your teaching experience, have you had other
experience, or training, in assessing skills and competency testing? Yes No
If yes, please describe your experience or training. Attach additional sheets if necessary.

SIGN HERE: DATE:

### **DATE AND SIGN**

TO BE ACCEPTED, YOU MUST SIGN AND DATE THIS APPLICATION.

All answers and statements are true and complete to the best of my knowledge. I understand that the state may verify information, and that untruthful or misleading answers are cause for rejection of this application.